CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	^{ed:} 5
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mrs.	FIRST Tricia	мі К .	OFFICE	USE ONLY
NAME	NICKNAME	LAST Krenek	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 6645 FM 146 Suite 160-101 Katy, Texas 7	3	CITY; STATE; ZIP CODE	RECVD 0	7/15/2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 470-9806	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Chris	MI	Receipt #	Amount \$
NAME	Mr. NICKNAME	LAST	SUFFIX	Date Processed	
		Elam		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (6645 FM 1463 Suite 160-101 Katy, Texas 77494	NO PO BOX PLEASE); APT / \$	GUITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(713)	PHONE NUMBER 416-9503	EXTENSION		
9 REPORT TYPE	January 15	30th day before	NAME OF THE OWNER, WHITE OF THE OWNER, WHITE OF THE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER,	treasurer a (Officeholde	or Only)
	July 15	8th day before el	Reporting Limit	Passerpasson	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 24	THROUGH 6	Day Year / 24	
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special		
12 OFFICE	Justice of th	e PeacePct 1,	PI 2	1)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES IN SEMAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,260.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00
	ewear, or affirm, under penalty of perjury, that the accompanying report is true and concern to be reported by me under Title 15, Election Code.	correct and includes all information
	Signature of Candidate	e or Officeholder
	Signature of Candidate	5 31 Officeriolides
	Diego complete sither entire below.	
	Please complete either option below:	
(1) Affidavit		
I		
NOTABY STAMB (SEA	I	
NOTARY STAMP/SEA		day of .
Sworn to and subscribed		day of,
Sworn to and subscribed 20, to certify	before me by this the which, witness my hand and seal of office.	
Sworn to and subscribed	before me by this the which, witness my hand and seal of office.	day of, Title of officer administering oath
Sworn to and subscribed 20, to certify	before me by this the which, witness my hand and seal of office. ering oath Printed name of officer administering oath OR	
Sworn to and subscribed 20, to certify Signature of officer administr (2) Unsworn Declaration	before me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR	Title of officer administering oath
Sworn to and subscribed 20, to certify Signature of officer administr	before me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR ion renek and my date of birth is	Title of officer administering oath
Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declaration My name is Tricia K. K	before me by this the which, witness my hand and seal of office. Printed name of officer administering oath OR ion renek and my date of birth is	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Commission File		Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			10.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Tricia K. Krenek 2 4 Date 5 Payee name 02/29/2024 Cadence Bank Zip Code 6 Amount (\$) 7 Payee address; City; State: 27200 FM 1093 2.00Fulshear, Texas 77406 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Account Service Fee Accounting/Banking Expense OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Cadence Bank 03/29/2024 State; Zip Code Amount (\$) City; Payee address; 27200 FM 1093 2.00 Fulshear, Texas 77406 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Accounting/Banking Expense Account Service Fee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/30/2024 Cadence Bank Amount (\$) Payee address; State: Zip Code City; 27200 FM 1093 2.00 Fulshear, Texas 77406 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/Banking Expense Account Service Fee **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to c	ompiete this form.		
1 Total pages Schedule F1:	2 FILER NAME Tricia K. Krenek		3 Filer ID (Ethio	s Commission Filers)
1 Date	5 Payee name			
05/31/2024	Cadence Bank			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.00	27200 FM 1093 Fulshear, Texas 77406			
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking Expense	Account Servi	ce Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/28/2024	Cadence Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.00	27200 FM 1093 Fulshear, Texas 77406			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking Expense	Account Serv	ice Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	ffice sought Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNE	EDED	